

USEPA
290 BROADWAY
NY, NY

NOTIFICATION OF DEMOLITION AND RENOVATION

PAL JOB # 15-9032

Operator Project #	Postmark	Date Received	Notification # 2016.011.30427	
TYPE OF NOTIFICATION (O-Original, R-Received, C-Cancelled): O – Original				
FACILITY INFORMATION (Identify Owner, Removal Contractor and Other Operator):				
OWNER NAME: NYC MTA				
Address: 2 Broadway				
City: New York		State: NY		Zip: 10004
Contact Name: Carl Hamann			Telephone: 646-252-5797	
REMOVAL CONTRACTOR: PAL Environmental Safety Corp. d/b/a PAL Environmental Services				
Address: 11-02 Queens Plaza South				
City: Long Island City		State: NY		Zip: 11101
Contact Name: Devin Jones			Telephone: 718-349-0900	
OTHER CONTRACTOR:				
Address:				
City:		State:		Zip:
Contact Name:			Telephone:	
TYPE OF OPERATION (D-Demo, O-Ordered Demo, R-Renovation, E-Emergency Renovation): R				
IS ASBESTOS PRESENT? (YES NO) YES				
FACILITY DESCRIPTION (Include Building Name, Number and Floor or Room Number)				
Building Name: Brighton Beach Station				
Address: Brighton Beach Avenue & Brighton 7 th Street				
City: Brooklyn		State: NY		Zip: 11235
Site Location: Station Crew Quarters				
Building Size: 27,200 S/F		# of Floors: 1		Age in Years: 50+
Present Use: Train Station		Prior Use: Train Station		
Procedure, Including Analytical Method, If Appropriate, Used to Detect the Presence of Asbestos Material: PLM – Polarized Light Microscopy				
Approximate amount of asbestos , Including 1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed	R. ACM to be removed	Non-Friable Asbestos Material not to be removed		Indicate Unit of Measurement Below
		CAT I	CAT II	UNIT
Surface Area:				Linear Feet: Ln M:
Surface Area: VAT	208			Square Feet: X Square Meter:
Volume RACM off Facility Component				CuFt: Cu M:
Scheduled Dates Asbestos Removal (mm/dd./yy)		Start: 1/15/2016		Complete: 12/31/2016
Scheduled Dates Demo/Renovation (mm/dd./yy)		Start:		Complete:

DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD (S) TO BE USED:		
DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:		
HEPA Vacs, Micro Traps (Negative Air Pressure) and amended water will be utilized for emissions control.		
WASTE TRANSPORTER #1		
Name: Tri State Transfer Associates		
Address: 1199 Randall Avenue		
City: Long Island City	State: NY	Zip: 10474
Contact Name: Jimmy Byrne	Telephone: 718-617-0771	
WASTE TRANSPORTER #2		
Name: ATC		
Address: 2 Moriches Middle Island Road		
City: Shirley	State: NY	Zip:
Contact Name: Kenny Smith	Telephone: 631-924-5050	
WASTE TRANSPORTER #3		
Name: P.A.L. Environmental Safety Corp. d/b/a PAL Environmental Services		
Location: 11-02 Queens Plaza South		
City: Long Island City	City: Long Island City	City: Long Island City
Telephone: 718-349-0900		
Disposal Facility		
Name: Minerva Enterprises		
Location: 9000 Minerva Road, SE		Location: 9000 Minerva Road, SE
City: Waynesburg	State: OH	Zip: 44688
FOR EMERGENCY RENOVATIONS		
Date and Hour of Emergency (mm/dd./yy)		
Description of the Sudden, Unexpected Event:		
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:		
DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED OR REDUCED TO POWDER. Any ACM, which is discovered unexpectedly, or non-friable ACM, which becomes crumbled, will be immediately wet with amended water and cleaned up with HEPA Vacs, to be put in 6 mil poly bags for proper disposal.		
I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFT PART 61, SUBPART M), WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS (required 1 year after promulgation)		
 Signature of Owner/Operator		<u>01/05/2016</u> Date
I certify that the above information is correct		
 Signature of Owner/Operator		<u>01/05/2016</u> Date

151590



Metropolitan Transportation Authority

New York City Transit

2 Broadway - 28th Floor A 28.73

New York, NY 10004

Payment for use of MTA/NYCTA System Wide Variances

1. Name of Payee:

Shannon Grausso

2. Payee's Telephone Number:

646-252-5906

3. Address of the Affected Premises:

BRIGHTON BEACH AVE / B 7th ST
BROOKLYN NY

4. Contract Number and Description:

CM 1500 SUPERVISION, AIR
MONITORING + SUPPT SVCS
5 BOROES OF NYC

5. Work Area Location(s):

STATION DISPATCHERS OFFICE

6. Borough:

☒ Brooklyn☐ Bronx☐ Manhattan☐ Queens☐ Staten Island

Station/Facility:

BRIGHTON BEACH

Line:

B

7. MTA - NYCTA SYSTEM WIDE VARIANCES:

(Check boxes of all variances to be used)

- ☐ 13-0158 MTA-NYCT Stations-Token Booths
- ☐ 14-0240 Multiple Material Removals
- ☐ 14-0241 Manholes
- ☐ 14-0242 Non-friable Component Intact Removals
- ☒ 14-0243 Non-friable Flooring and Mastics
- ☐ 14-0244 Non-friable Exterior Removals
- ☐ 14-0245 Track Equipment Removals
- ☐ 14-0246 Non-friable Exterior Canopies Removals
- ☐ 14-0247 Caulking and Glazing Removals
- ☒ 14-0248 Tent and Glovebag Removals
- ☐ 14-0249 Modified Containment Removals

8. Prepared by NYS DOL Certified Project Designer:

Company Name: ATE

Signature:

Preparer's Name:

Kern Thompson

Date:

12-14-15

9. NYCT's Concurrence:

Tracking #:

15-095

Date:

12-14-15

Name: Shannon Grausso

Signature:

Date:

TO BE COMPLETED BY NYSDOL

10. Variance Payment accepted by:

Edward A. Smith
Edward A. Smith, P.E.
Associate Safety & Health Engineer11. Check # 112477 for \$350.00
Payable to "The Commissioner of Labor"

Date Received:

12/24/15

File No:

151590

Expiration Date:

12/31/16

ATC
GROUP SERVICES LLC
PREPARED BY:
ATC GROUP SERVICES
104 EAST 26TH STREET, 10TH FLOOR
NEW YORK, NY 10010
PHONE: 212.353.8280

SITE

BRIGHTON BEACH STATION
STATION DISPATCHER'S OFFICE
BROOKLYN, NY

151590

